

INVENTOR'S NAME: JERRY MICHAEL DEWINE, JR.  
INVENTOR'S ADDRESS: 8658 TRACYTON BLVD., N.W.  
BREMERTON, WASHINGTON  
98311  
INVENTOR'S PHONE NUMBER: (360) 307-8441  
INVENTOR'S EMAIL ADDRESS: JMDEWINE@AOL.COM  
INVENTION NAME: THE WHISTLER'S BEST FRIEND

---

**DECLARATION**

---

**THE WHISTLER'S BEST FRIEND**

I JERRY MICHAEL DEWINE, JR. BELIEVE MYSELF TO BE THE SOLE AND/OR FIRST INVENTOR OF THE ABOVE LISTED ITEM FOR WHICH I AM HEREIN REQUESTING A NON-PROVISIONAL UTILITY PATENT. THIS DECLARATION IS SWORN THIS 15<sup>TH</sup> DAY OF MARCH 2001, BY MYSELF AS LISTED AND SIGNED BELOW AND WITNESSED AND NOTORIZED AS REQUIRED.

  
JERRY MICHAEL DEWINE, JR.

2001 March 15  
DATE

CURRENT ADDRESS OF PERSON MAKING THIS DECLARATION:  
8658 TRACYTON BLVD., N.W.  
BREMERTON, WASHINGTON  
98311

CITIZENSHIP OF THE ABOVE SIGNED INVENTOR IS US.  
PLACE OF BIRTH IS CHATTANOOGA, TENNESSEE.

  
WITNESS SIGNATURE

3-15-01  
DATE

Andrea Florenzano  
WITNESS PRINTED NAME

12/26/2003  
DATE OF EXPIRATION  
OF NOTARY LICENSE

NOTARY PUBLIC-STATE OF FLORIDA  
ANDREA FLORENZANO, NOTARY  
COMMISSION EXP. 12/26/2003  
COMMISSION NO. CC897595

---

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THE WHISTLER'S BEST FRIEND

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <u>JERRY MICHAEL DEWINE, Jr.</u>			
Address <u>8658 TRACYTON BLVD., N.W.</u>			
City <u>BREMERTON</u>		State <u>WA</u>	ZIP <u>98311</u>
Country <u>USA</u>	Telephone <u>(360) 307-8441</u>		Fax <u>N/A</u>
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>JERRY MICHAEL</u>		Family Name or Surname <u>DEWINE</u>	
Inventor's Signature <u>Jerry Michael Dewine</u>		Date <u>15 MAR 01</u>	
Residence: City <u>BREMERTON</u>	State <u>WA</u>	Country <u>USA</u>	Citizenship <u>US</u>
Mailing Address <u>8658 TRACYTON BLVD., N.W.</u>			
City <u>BREMERTON</u>		State <u>WA</u>	ZIP <u>98311</u> Country <u>USA</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			